

periods. She had passed through conditions of pure motor aphasia, and at the present time there were attacks of mutism lasting for a week or more. She also now had convulsions lasting sometimes many minutes and at other times for hours. There were now developed hysterogenic zones over various parts of her body. She had visual hallucinations and occasionally maniacal attacks and movements of rotation and of combined rotation and retropulsion. Her visual fields had been contracted. Lately there was a transient hemiplegia. There were no sensory disturbances. Knee-jerk was present, but only slightly marked. There was no history of onanism, no ovarian trouble, and the general health of the child was good. This was the patient he had referred to on a previous occasion as becoming worse after hypnotism.

The speaker then touched the patient upon the head, in one of the alleged hysterogenic zones, when a convulsive seizure promptly transpired.

MORVAN'S DISEASE.

Dr. B. SACHS presented a man of twenty-eight years of age, whose occupation had been that of a dish-washer and driver. The patient had had a venereal ulcer with bubo in the right groin. Since then he had been healthy until four years ago. Then, while at work as a dish-washer, his hands had lost muscular power; there was twitching of the fingers and thickening of the skin. Thinking the soda in the water was causing the trouble, he had left this work, but the hands had grown constantly worse. At present the skin on the dorsum of the right hand was normal, but that on the dorsum of the fingers was thickened. There was a slight contracture at the second phalangeal joint in all of the fingers, but more marked in the middle and the index. The dorsum of the thumb showed a small eschar, but there was no contracture. There was marked atrophy of the first dorsal interosseus. The skin of the palmar surface of the hand was thickened, and showed numerous rugged excoriations of the derma, on which were a few fissures extending through the cutis vera. On the anterior surface of the right forearm was an area of dermatitis resembling ichthyosis. At the bend of the elbow was an area four inches long by an inch wide, in which were

numerous small depressed atrophic areas resembling an atropho-derma circumscriptum albidum. The patient thought that this had resulted from carrying a basket on his elbow. The skin of the dorsum of the left hand was normal, but thickened on the dorsum of the fingers. On the thumb there was an irregular excoriation with fissures and deformity of the nail of the index finger, the end of which was conical. The end of the middle finger was markedly clubbed, the nail thickened, and presenting white and opaque striæ.

The dynamometer test gave m. d. 30; m. s. 60 kg. The muscular sense seemed normal. Tactile and pressure sense were normal. The pain sense was abolished in an area on the dorsum of the right hand and over the dorsum of the fingers, hand and ulnar side of the left forearm. There was a sense of cold to a temperature of 212° F. on each arm, excepting at the bend of the elbow, where heat was recognized; but at this point a temperature of 150° F. felt cold. Temperature of 190° to 200° was recognized at the upper portions of the arms and back, though lower temperatures were called cold, and in several places on the back a temperature of 32° F. was called warm. Electrical reactions to faradic current were absent in the extensor-muscle group, while the flexors responded. There was reaction of degeneration over extensor muscles of both arms and in the interossei of both hands.

Dr. M. A. STARR said that in a late discussion on syringo-myelia it had been stated that no case had come to autopsy in which a diagnosis had been made during life. He had lately received photographs of four spinal cords from cases from the Salpêtrière in which the diagnosis had been so made.

Dr. C. L. DANA said he was far from being convinced that there was at present anything the matter with the patient's spinal cord. He had seen a similar condition which was really one of peripheral neuritis. He thought it possible for Morvan's disease to exist as an independent trouble. The case before them was interesting and in many respects a connecting link, but he should hesitate in unreservedly accepting it as one of syringo-myelia.

Dr. SACHS said that some improvement had taken place in the areas of sensory disturbance which would hardly be expected in a case of peripheral neuritis.